

**MULTIPLE DEPENDENT CLAIM
 FEE CALCULATION SHEET**
 (FOR USE WITH FORM PTO-875)

SERIAL NO. **10/088265**

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/	/	/
2	/	/	/	/	/	/
3	/	/	/	/	/	/
4	/	/	/	/	/	/
5	/	/	/	/	/	/
6	/	/	/	/	/	/
7	/	/	/	/	/	/
8	/	/	/	/	/	/
9	/	/	/	/	/	/
10	/	/	/	/	/	/
11	/	/	/	/	/	/
12	/	/	/	/	/	/
13	/	/	/	/	/	/
14	/	/	/	/	/	/
15	/	/	/	/	/	/
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46	/	/	/	/	/	/
47	/	/	/	/	/	/
48	/	/	/	/	/	/
49	/	/	/	/	/	/
50	/	/	/	/	/	/
TOTAL IND.	1	1	1	1	2	2
TOTAL DEP.	29	29	29	29	29	29
TOTAL CLAIMS	30	30	30	30	31	31

	1st		2nd		3rd	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS